Town Name	Wastable Name	Definition.	Ir
Term Name Year	Variable Name YEAR	Definition Year	Footnotes
			National or HRR on the HRR File
Geographic Level	BENE_GEO_LVL	National, State, County, or HRR	National, State, or County on the State/County File
Age Level	BENE_AGE_LVL	All Beneficiaries, Beneficiaries under 65, or Beneficiaries 65 or older	
HRR	BENE_GEO_DESC	Name of HRR	HRR File Only
HRR Number	BENE_GEO_CD	HRR Number	HRR File Only
State or County State and County FIPS Code	BENE_GEO_DESC BENE_GEO_CD	Name of State or County State/County FIPS Code	State/County File Only State/County File Only
State and county in a code	SENE_GEG_ES	state/edunty in 5 code	(*) = Suppressed where count of Part A and Part B
		Count of Medicare beneficiaries who have	beneficiaries < 11 or count of MA beneficiaries is < 11 and
Beneficiaries with Part A and Part B	BENES_WTH_PTAPTB_CNT	both Part A and Part B coverage	count of FFS beneficiaries >= 11 (.) = Missing
Schellanes With Fare Fall of the San	SENES_WIN_I IVE IS_GIVE	Count of Medicare Fee-for-Service	(*) = Suppressed where count of FFS beneficiaries < 11
FFS Beneficiaries	BENES_FFS_CNT	beneficiaries	(.) = Missing
		Count of beneficiaries who are ever enrolled	(*) = Suppressed where count of MA beneficiaries < 11 or count of MA beneficiaries is >= 11 and count of FFS
		in a Medicare Advantage (MA) program	beneficiaries < 11
MA Beneficiaries	BENES_MA_CNT		(.) = Missing
		Percent of Part A and Part B beneficiaries	(*) = Suppressed where count of MA beneficiaries < 11 or count of MA beneficiaries is >= 11 and count of FFS
		who are ever enrolled in a MA program	beneficiaries < 11
MA Participation Rate	MA_PRTCPTN_RATE		(.) = Missing
Average Age	BENE_AVG_AGE	Average age of Medicare Fee-for-Service beneficiaries	(*) = Suppressed where count of FFS beneficiaries < 11 (.) = Missing
Average Age	BENE_AVG_AGE	Percent of Medicare Fee-for-Service	(*) = Suppressed where count of FFS beneficiaries < 11
Percent Female	BENE_FEML_PCT	beneficiaries who are female	(.) = Missing
Percent Male	BENE MALE PCT	Percent of Medicare Fee-for-Service	(*) = Suppressed where count of FFS beneficiaries < 11
r creene water	BENE_MALE_PCT	beneficiaries who are male Percent of Medicare Fee-for-Service	(.) = Missing (*) = Suppressed where count of FFS beneficiaries < 11
Percent Non-Hispanic White	BENE_RACE_WHT_PCT	beneficiaries who are Non-Hispanic White	(.) = Missing
December African Associates	DENIE DACE DIACK DCT	Percent of Medicare Fee-for-Service	(*) = Suppressed where count of FFS beneficiaries < 11
Percent African American	BENE_RACE_BLACK_PCT	beneficiaries who are African American Percent of Medicare Fee-for-Service	(.) = Missing (*) = Suppressed where count of FFS beneficiaries < 11
Percent Hispanic	BENE_RACE_HSPNC_PCT	beneficiaries who are Hispanic	(.) = Missing
		Percent of Medicare Fee-for-Service	(*) = Suppressed where count of FFS beneficiaries < 11
Percent Other/Unknown	BENE_RACE_OTHR_PCT	beneficiaries who are other race/ethnicity or whose race/ethnicity is unknown	(.) = Missing
Terecit other othe	SENE_IVICE_STINK_I CI	Percent of Medicare Fee-for-Service	(*) = Suppressed where count of EES hanoficiaries < 11
		beneficiaries who are eligible for Medicaid	(*) = Suppressed where count of FFS beneficiaries < 11 (.) = Missing
Percent Eligible for Medicaid	BENE_DUAL_PCT	for at least one month in the year Average Hierarchical Condition Category	(*) = Suppressed where count of FFS beneficiaries < 11
Average HCC Score	BENE_AVG_RISK_SCRE	(HCC) Score	(.) = Missing
		Actual Medicare total payment	(*) = Suppressed where count of FFS beneficiaries < 11
Total Actual Costs	TOT_MDCR_PYMT_AMT	, , , , , , , , , , , , , , , , , , ,	(.) = Missing
		Total amount that Medicare paid adjusted	(*) = Suppressed where count of FFS beneficiaries < 11
Total Standardized Costs	TOT_MDCR_STDZD_PYMT_AMT	for geographic differences in payment rates	(.) = Missing
		Total amount that Medicare paid adjusted	(*) = Suppressed where count of users < 11
		for geographic differences in payment rates and beneficiaries' health status using the	(.) = Missing
Total Standardized Risk-Adjusted Costs	TOT_MDCR_STDZD_RA_PYMT_AMT	HCC risk scores	
Actual Pay Capita Casts	TOT MADER DYMT DE	Actual Medicare payment per capita	(*) = Suppressed where count of users < 11
Actual Per Capita Costs	TOT_MDCR_PYMT_PC		(.) = Missing
		Per capita Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Standardized Per Capita Costs	TOT_MDCR_STDZD_PYMT_PC		(.) - IVII33IIIg
		Per capita Medicare payment, adjusted for geographic differences in payment rates and	(*) = Suppressed where count of users < 11
		beneficiaries' health status using the HCC risk	1, , , , ,
Standardized Risk-Adjusted Per Capita Costs	TOT_MDCR_STDZD_RA_PYMT_PC	scores	
IP Actual Costs	IP MDCR PYMT AMT	Hospital Inpatient (IP) actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
iii Acada costs	in _index_i nini_juni		
		Hospital Inpatient (IP) actual payment as a percent of total actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
IP Actual Costs as % of Total Actual Costs	IP_MDCR_PYMT_PCT	Hospital Inpatient (IP) actual per capita	(*) = Suppressed where count of users < 11
IP Per Capita Actual Costs	IP_MDCR_PYMT_PC	Medicare payment	(.) = Missing
		Hospital Inpatient (IP) actual per user	(*) = Suppressed where count of users < 11
IP Per User Actual Costs	IP_MDCR_PYMT_PER_USER	Medicare payment Hospital Inpatient (IP) Medicare payment,	(.) = Missing
		adjusted for geographic differences in	(*) = Suppressed where count of users < 11
IP Standardized Costs	IP_MDCR_STDZD_PYMT_AMT	payment rates	(.) = Missing
		Hospital Inpatient (IP) Medicare payment as	(*) Comment of the state of the
		a percent of total Medicare payment, adjusted for geographic differences in	(*) = Suppressed where count of users < 11 (.) = Missing
IP Standardized Costs as % of Total Standardized Costs	IP_MDCR_STDZD_PYMT_PCT	payment rates	•
		Hospital Inpatient (IP) per capita Medicare	(*) = Suppressed where count of users < 11
IP Per Capita Standardized Costs	IP_MDCR_STDZD_PYMT_PC	payment, adjusted for geographic differences in payment rates	(.) = Missing
		Hospital Inpatient (IP) per user Medicare	(*) = Suppressed where count of users < 11
ID Deathers Standardined Code	ID AADOD STDZS SWAT SSS ::	payment, adjusted for geographic	(.) = Suppressed where count of users < 11 (.) = Missing
IP Per User Standardized Costs	IP_MDCR_STDZD_PYMT_PER_USER	differences in payment rates Number of beneficiaries using Hospital	
		Inpatient (IP) services with at least one	(*) = Suppressed where count of users < 11
IP Users (with a covered stay)	BENES_IP_CVRD_STAY_CNT	covered stay	(.) = Missing
		Percent of beneficiaries using Hospital Inpatient (IP) services with at least one	(*) = Suppressed where count of users < 11
% of Beneficiaries Using IP	BENES_IP_PCT	covered stay	(.) = Missing
			(*) = Suppressed where count of users < 11
		Hospital Inpatient (IP) covered admissions	[* * * * * * * * * * * * * * * * * * *
IP Covered Stays Per 1,000 Beneficiaries	IP_CVRD_STAYS_PER_1000_BENES	per 1,000 Medicare Beneficiaries Hospital Inpatient (IP) covered days per	(.) = Missing (*) = Suppressed where count of users < 11

T N	Verleble News	D-finition	Ir
Term Name	Variable Name	Definition Total count of inpatient readmissions within	Footnotes
		30 days of an acute hospital stay during the	(*) = Suppressed where count < 11
		reference period, where the reference	(*) = Suppressed where count < 11 (.) = Missing
Niverbour of Australia Hamilton Developing	ACUTE LIGGE READMENT CALL	period refers to an inpatient hospital stay	(,,
Number of Acute Hospital Readmissions	ACUTE_HOSP_READMSN_CNT	during the calendar year Percent of inpatient readmissions within 30	
		days of an acute hospital stay during the	(#) Commenced where a count of a
		reference period, where the reference	(*) = Suppressed where count < 11 (.) = Missing
Handhal Bandarinian Baka	ACUTE LIGGE READMEN RCT	period refers to an inpatient hospital stay	(,,
Hospital Readmission Rate	ACUTE_HOSP_READMSN_PCT	during the calendar year Total count of inpatient or hospital	(*) = Suppressed where count < 11
Emergency Department Visits	BENES_ER_VISITS_CNT	outpatient Emergency Department Visits	(.) = Missing
		Inpatient or hospital outpatient Emergency	(*) = Suppressed where count < 11
Formation Department Visits and 1 000 Department	ER VISITS PER 1000 BENES	Department Visits per 1,000 Medicare	(.) = Missing
Emergency Department Visits per 1,000 Beneficiaries	EK_VISITS_PEK_1000_BEINES	Beneficiaries Percent of beneficiaries with an Emergency	(*) = Suppressed where count of users < 11
% of Beneficiaries with an ED Visit	BENES_ER_VISITS_PCT	Department Visit	(.) = Missing
		Hospital Outpatient (OP) actual Medicare	(*) = Suppressed where count of users < 11
OP Actual Costs	OP_MDCR_PYMT_AMT	payment	(.) = Missing
		Hospital Outpatient (OP) actual Medicare payment as a percent of total actual	(*) = Suppressed where count of users < 11
OP Actual Costs as % of Total Actual Costs	OP_MDCR_PYMT_PCT	Medicare payment	(.) = Missing
		Hospital Outpatient (OP) actual per capita	(*) = Suppressed where count of users < 11
OP Per Capita Actual Costs	OP_MDCR_PYMT_PC	Medicare payment	(.) = Missing
OP Per User Actual Costs	OP_MDCR_PYMT_PER_USER	Hospital Outpatient (OP) actual per user Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
OF FEI OSEI ACIUAI COSIS	OF_WIDCK_FTWIT_FER_OSEK	Hospital Outpatient (OP) Medicare payment,	
		adjusted for geographic differences in	(*) = Suppressed where count of users < 11
OP Standardized Costs	OP_MDCR_STDZD_PYMT_AMT	payment rates	(.) = Missing
		Hospital Outpatient (OP) Medicare payment	(*) = Suppressed when
		as a percentage of total Medicare payment, adjusted for geographic differences in	(*) = Suppressed where count of users < 11 (.) = Missing
OP Standardized Costs as % of Total Standardized Costs	OP_MDCR_STDZD_PYMT_PCT	payment rates	(·/ ·····saing
		Hospital Outpatient (OP) per capita Medicare	(*) = Supproceed where sount of users and
		payment, adjusted for geographic	(*) = Suppressed where count of users < 11 (.) = Missing
OP Per Capita Standardized Costs	OP_MDCR_STDZD_PYMT_PC	differences in payment rates	(1)
		Hospital Outpatient (OP) per user Medicare payment, adjusted for geographic	(*) = Suppressed where count of users < 11
OP Per User Standardized Costs	OP_MDCR_STDZD_PYMT_PER_USER	differences in payment rates	(.) = Missing
		Number of beneficiaries using Hospital	(*) = Suppressed where count of users < 11
# OP Users	BENES_OP_CNT	Outpatient (OP) services	(.) = Missing
% of Beneficiaries Using OP	BENES_OP_PCT	Percent of beneficiaries using Hospital Outpatient (OP) services	(*) = Suppressed where count of users < 11 (.) = Missing
% of Beneficialies using OP	BEINES_OP_PC1	Hospital Outpatient (OP) visits per 1,000	(*) = Suppressed where count of users < 11
OP Visits Per 1,000 Beneficiaries	OP_VISITS_PER_1000_BENES	Medicare Beneficiaries	(.) = Missing
		Ambulatory Surgery Center (ASC) actual	(*) = Suppressed where count of users < 11
ASC Actual Costs	ASC_MDCR_PYMT_AMT	Medicare payment	(.) = Missing
			i' '
		Ambulatory Surgery Center (ASC) actual	(*) = Suppressed where count of users < 11
ASC Actual Costs as % of Total Actual Costs	ASC_MDCR_PYMT_PCT		
		Ambulatory Surgery Center (ASC) actual Medicare payment as a percent of total actual Medicare payment Ambulatory Surgery Center (ASC) actual per	(*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11
ASC Actual Costs as % of Total Actual Costs ASC Per Capita Actual Costs	ASC_MDCR_PYMT_PCT ASC_MDCR_PYMT_PC	Ambulatory Surgery Center (ASC) actual Medicare payment as a percent of total actual Medicare payment Ambulatory Surgery Center (ASC) actual per capita Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing
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		Ambulatory Surgery Center (ASC) actual Medicare payment as a percent of total actual Medicare payment Ambulatory Surgery Center (ASC) actual per capita Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing
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ASC Per Capita Actual Costs ASC Per User Actual Costs ASC Standardized Costs ASC Standardized Costs as % of Total Standardized Costs	ASC_MDCR_PYMT_PC ASC_MDCR_PYMT_PER_USER ASC_MDCR_STDZD_PYMT_AMT ASC_MDCR_STDZD_PYMT_PCT	Ambulatory Surgery Center (ASC) actual Medicare payment as a percent of total actual Medicare payment as a percent of total actual Medicare payment are supported to the surgery Center (ASC) actual percapita Medicare payment ambulatory Surgery Center (ASC) actual peruser Medicare payment ambulatory Surgery Center (ASC) Medicare payment, adjusted for geographic differences in payment rates ambulatory Surgery Center (ASC) Medicare payment as a percentage of total Medicare payment, adjusted for geographic differences in payment rates ambulatory Surgery Center (ASC) per capita Medicare payment, adjusted for geographic differences in payment rates ambulatory Surgery Center (ASC) per capita Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing
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ASC Per User Actual Costs ASC Standardized Costs ASC Standardized Costs as % of Total Standardized Costs ASC Per User Standardized Costs ASC Per User Standardized Costs ASC Per User Standardized Costs # ASC Users % of Beneficiaries Using ASC ASC Events Per 1,000 Beneficiaries PAC: SNF Actual Costs PAC: SNF Actual Costs PAC: SNF Per Capita Actual Costs PAC: SNF Per User Actual Costs PAC: SNF Per User Actual Costs PAC: SNF Standardized Costs	ASC_MDCR_PYMT_PC ASC_MDCR_PYMT_PER_USER ASC_MDCR_STDZD_PYMT_AMT ASC_MDCR_STDZD_PYMT_PCT ASC_MDCR_STDZD_PYMT_PC ASC_MDCR_STDZD_PYMT_PER_USER BENES_ASC_CNT BENES_ASC_CNT BENES_ASC_PCT ASC_EVENTS_PER_1000_BENES SNF_MDCR_PYMT_AMT SNF_MDCR_PYMT_PCT SNF_MDCR_PYMT_PC SNF_MDCR_PYMT_PC SNF_MDCR_PYMT_PC SNF_MDCR_STDZD_PYMT_AMT SNF_MDCR_STDZD_PYMT_AMT	Ambulatory Surgery Center (ASC) actual Medicare payment as a percent of total actual Medicare payment as a percent of total actual Medicare payment Ambulatory Surgery Center (ASC) actual per capita Medicare payment Ambulatory Surgery Center (ASC) actual per user Medicare payment Ambulatory Surgery Center (ASC) Medicare payment, adjusted for geographic differences in payment rates Ambulatory Surgery Center (ASC) Medicare payment, adjusted for geographic differences in payment rates Ambulatory Surgery Center (ASC) Medicare payment, adjusted for geographic differences in payment rates Ambulatory Surgery Center (ASC) per capita Medicare payment, adjusted for geographic differences in payment rates Ambulatory Surgery Center (ASC) per user Medicare payment, adjusted for geographic differences in payment rates Number of beneficiaries using Ambulatory Surgery Center (ASC) services Percent of beneficiaries using Ambulatory Surgery Center (ASC) services Ambulatory Surgery Center (ASC) services Ambulatory Surgery Center (ASC) services Skilled Nursing Facility (SNF) actual payment as a percent of total actual Medicare payment Skilled Nursing Facility (SNF) actual per capita Medicare payment adjusted for geographic differences in payment rates Skilled Nursing Facility (SNF) payment as a percent of total Medicare payment, adjusted for geographic differences in payment rates Skilled Nursing Facility (SNF) payment as a percent of total Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing

# PAC: SNF Users (with a covered stay) % of Beneficiaries Using PAC: SNF PAC: SNF Covered Stays Per 1,000 Beneficiaries	Variable Name BENES_SNF_CNT	Number of beneficiaries using Skilled Nursing Facility (SNF) services with at least one	Footnotes (*) = Suppressed where count of users < 11 (.) = Missing
% of Beneficiaries Using PAC: SNF	BENES_SNF_CNT	Facility (SNF) services with at least one	
% of Beneficiaries Using PAC: SNF	BENES_SNF_CNT		
		covered stay	(-) - iviositig
		Percent of beneficiaries using Skilled Nursing	(*) = Suppressed where count of users < 11
	BENES_SNF_PCT	Facility (SNF) services with at least one covered stay	(.) = Missing
PAC: SNF Covered Stays Per 1,000 Beneficiaries	1-1 - 1		(*) = Suppressed where count of users < 11
	SNF_CVRD_STAYS_PER_1000_BENES	per 1,000 Medicare Beneficiaries	(.) = Missing
PAC: SNF Covered Days Per 1,000 Beneficiaries	SNF_CVRD_DAYS_PER_1000_BENES	Skilled Nursing Facility (SNF) covered days per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
FAC. 3NI Covered Days Fel 1,000 Belleticialles	SNI_CVRD_DATS_FER_1000_BENES		(*) = Suppressed where count of users < 11
PAC: IRF Actual Costs	IRF_MDCR_PYMT_AMT	Medicare payment	(.) = Missing
		Inpatient Rehabilitation Facility (IRF) actual	(*) = Suppressed where count of users < 11
PAC: IRF Actual Costs as % of Total Actual Costs	IRF_MDCR_PYMT_PCT	payment as a percent of total actual Medicare payment	(.) = Missing
		Inpatient Rehabilitation Facility (IRF) actual	(*) = Suppressed where count of users < 11
PAC: IRF Per Capita Actual Costs	IRF_MDCR_PYMT_PC	per capita Medicare payment	(.) = Missing
PAC: IRF Per User Actual Costs	IRF MDCR PYMT PER USER	Inpatient Rehabilitation Facility (IRF) actual per user Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
THE MITTER SELF FREAD COSES	IIII_IIIIGEN_I IIII_I EN_OSEN	Inpatient Rehabilitation Facility (IRF)	,, ,
		Medicare payment, adjusted for geographic	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: IRF Standardized Costs	IRF_MDCR_STDZD_PYMT_AMT	differences in payment rates Inpatient Rehabilitation Facility (IRF)	.,
		payment as a percent of total Medicare	(*) = Suppressed where count of users < 11
		payment, adjusted for geographic	(.) = Missing
PAC: IRF Standardized Costs as % of Total Standardized Costs	IRF_MDCR_STDZD_PYMT_PCT	differences in payment rates	
		Inpatient Rehabilitation Facility (IRF) per capita Medicare payment, adjusted for	(*) = Suppressed where count of users < 11
PAC: IRF Per Capita Standardized Costs	IRF_MDCR_STDZD_PYMT_PC	geographic differences in payment rates	(.) = Missing
		Inpatient Rehabilitation Facility (IRF) per user	(*) = Suppressed where count of users < 11
PAC: IRF Per User Standardized Costs	IRF MDCR STDZD PYMT PER USER	Medicare payment, adjusted for geographic differences in payment rates	(.) = Missing
FAC. INF FEI OSEI Stalidardized COStS	INT_WIDCK_STDZD_FTWIT_FER_OSEK	Number of beneficiaries using Inpatient	
		Rehabilitation Facility (IRF) services with at	(*) = Suppressed where count of users < 11 (.) = Missing
# PAC: IRF Users (with a covered stay)	BENES_IRF_CNT	least one covered stay	(.) - IVIISSING
		Percent of beneficiaries using Inpatient Rehabilitation Facility (IRF) services with at	(*) = Suppressed where count of users < 11
% of Beneficiaries Using PAC: IRF	BENES_IRF_PCT	least one covered stay	(.) = Missing
		Inpatient Rehabilitation Facility (IRF) covered	(*) = Suppressed where count of users < 11
DACLIDE Covered Stave Per 1 000 Peneficiaries	IDE CURD STAVE DED 1000 DENES	stays per 1,000 Medicare Beneficiaries	(.) = Missing
PAC: IRF Covered Stays Per 1,000 Beneficiaries	IRF_CVRD_STAYS_PER_1000_BENES		
		Inpatient Rehabilitation Facility (IRF) covered days per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: IRF Covered Days Per 1,000 Beneficiaries	IRF_CVRD_DAYS_PER_1000_BENES		· · · · · ·
PAC: LTCH Actual Costs	LTCH_MDCR_PYMT_AMT	Long-Term Care Hospital (LTCH) actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
The Elementary	Eren_weet_ www.	Long-Term Care Hospital (LTCH) actual	
		payment as a percent of total actual	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: LTCH Actual Costs as % of Total Actual Costs	LTCH_MDCR_PYMT_PCT	Medicare payment Long-Term Care Hospital (LTCH) actual per	(*) = Suppressed where count of users < 11
PAC: LTCH Per Capita Actual Costs	LTCH_MDCR_PYMT_PC	capita Medicare payment	(.) = Missing
·			(*) = Suppressed where count of users < 11
PAC: LTCH Per User Actual Costs	LTCH_MDCR_PYMT_PER_USER	user Medicare payment Long-Term Care Hospital (LTCH) Medicare	(.) = Missing
		payment, adjusted for geographic	(*) = Suppressed where count of users < 11
PAC: LTCH Standardized Costs	LTCH_MDCR_STDZD_PYMT_AMT	differences in payment rates	(.) = Missing
		Long-Term Care Hospital (LTCH) payment as	(*) 5
		a percent of total Medicare payment, adjusted for geographic differences in	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: LTCH Standardized Costs as % of Total Standardized Costs	LTCH_MDCR_STDZD_PYMT_PCT	payment rates	(1,
		Long-Term Care Hospital (LTCH) per capita	(*) = Suppressed where count of users < 11
PAC: LTCH Per Canita Standardized Costs	LTCH MDCR STDZD PYMT PC	Medicare payment, adjusted for geographic	(.) = Missing
PAC: LTCH Per Capita Standardized Costs	E.G. MOCK STOZO I HVII_FC	differences in payment rates Long-Term Care Hospital (LTCH) per user	(*) Commenced when the control of the
		Medicare payment, adjusted for geographic	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: LTCH Per User Standardized Costs	LTCH_MDCR_STDZD_PYMT_PER_USER	differences in payment rates	· · · · · · · · · · · · · · · · · · ·
		Number of beneficiaries using Long-Term Care Hospital (LTCH) services with at least	(*) = Suppressed where count of users < 11
# PAC: LTCH Users (with a covered stay)	BENES_LTCH_CNT	one covered stay	(.) = Missing
		Percent of beneficiaries using Long-Term	(*) = Suppressed where count of users < 11
% of Beneficiaries Using PAC: LTCH	BENES_LTCH_PCT	Care Hospital (LTCH) services with at least one covered stay	(.) = Missing
-		Long-Term Care Hospital (LTCH) covered	(*) = Suppressed where count of users < 11
PAC: LTCH Covered Stays Per 1,000 Beneficiaries	LTCH_CVRD_STAYS_PER_1000_BENES	stays per 1,000 Medicare Beneficiaries	(.) = Missing
PAC: LTCH Covered Days Per 1,000 Beneficiaries	LTCH CURD DAVE BER 1000 BENES	Long-Term Care Hospital (LTCH) covered	(*) = Suppressed where count of users < 11
FAC. LICIT COVERED Days Per 1,000 beneficiaries	LTCH_CVRD_DAYS_PER_1000_BENES	, , , , , , , , , , , , , , , , , , ,	(.) = Missing (*) = Suppressed where count of users < 11
PAC: HH Actual Costs	HH_MDCR_PYMT_AMT	Home Health (HH) actual Medicare payment	(.) = Missing
DAG IIII A turi Gotto oo Wafii ii	LUL MADED DVAAT SST	Home Health (HH) actual payment as a	(*) = Suppressed where count of users < 11
PAC: HH Actual Costs as % of Total Actual Costs	HH_MDCR_PYMT_PCT	percent of total actual Medicare payment Home Health (HH) actual per capita	(.) = Missing (*) = Suppressed where count of users < 11
PAC: HH Per Capita Actual Costs	HH_MDCR_PYMT_PC	Medicare payment	(.) = Missing
			(*) = Suppressed where count of users < 11
PAC: HH Per User Actual Costs	HH_MDCR_PYMT_PER_USER	payment Home Health (HH) Medicare payment,	(.) = Missing
		adjusted for geographic differences in	(*) = Suppressed where count of users < 11
PAC: HH Standardized Costs	HH_MDCR_STDZD_PYMT_AMT	payment rates	(.) = Missing
		Home Health (HH) payment as a percent of	(*) = Suppressed where count of users < 11
PAC: HH Standardized Costs as % of Total Standardized Costs	HH_MDCR_STDZD_PYMT_PCT	total Medicare payment, adjusted for geographic differences in payment rates	(.) = Missing
		Home Health (HH) per capita Medicare	(*) = Supproceed where count of use 44
		payment, adjusted for geographic	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: HH Per Capita Standardized Costs	HH_MDCR_STDZD_PYMT_PC	differences in payment rates Home Health (HH) per user Medicare	
		payment, adjusted for geographic	(*) = Suppressed where count of users < 11
PAC: HH Per User Standardized Costs	HH_MDCR_STDZD_PYMT_PER_USER	differences in payment rates	(.) = Missing

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Term Name	Variable Name		Footnotes (*) = Suppressed where count of users < 11
# PAC: HH Users	BENES_HH_CNT	(HH) services	(.) = Missing
% of Beneficiaries Using PAC: HH	BENES_HH_PCT	(HH) services	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: HH Episodes Per 1,000 Beneficiaries	HH_CVRD_STAYS_PER_1000_BENES	Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
PAC: HH Visits Per 1,000 Beneficiaries	HH_VISITS_PER_1000_BENES	Home Health (HH) visits per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
Hospice Actual Costs	HOSPC_MDCR_PYMT_AMT	THospice actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
		Hospice actual payment as a percent of total	(*) = Suppressed where count of users < 11 (.) = Missing
Hospice Actual Costs as % of Total Actual Costs	HOSPC_MDCR_PYMT_PCT	actual Medicare payment Hospice actual per capita Medicare payment	(*) = Suppressed where count of users < 11
Hospice Per Capita Actual Costs	HOSPC_MDCR_PYMT_PC		(.) = Missing (*) = Suppressed where count of users < 11
Hospice Per User Actual Costs	HOSPC_MDCR_PYMT_PER_USER		(.) = Missing (*) = Suppressed where count of users < 11
Hospice Standardized Costs	HOSPC_MDCR_STDZD_PYMT_AMT	geographic differences in payment rates Hospice payment as a percent of total	(.) = Missing
Hospice Standardized Costs as % of Total Standardized Costs	HOSPC_MDCR_STDZD_PYMT_PCT	Medicare payment, adjusted for geographic differences in payment rates Hospice per capita Medicare payment,	(*) = Suppressed where count of users < 11 (.) = Missing
Harrist Day Control Standardined Control	LIOCDE MADER CTDZD DVAAT DE	adjusted for geographic differences in	(*) = Suppressed where count of users < 11 (.) = Missing
Hospice Per Capita Standardized Costs	HOSPC_MDCR_STDZD_PYMT_PC	Payment rates Hospice per user Medicare payment,	(*) = Suppressed where count of users < 11
Hospice Per User Standardized Costs	HOSPC_MDCR_STDZD_PYMT_PER_USER	payment rates	(.) = Missing
# Hospice Users (with a covered stay)	BENES_HOSPC_CNT		(*) = Suppressed where count of users < 11 (.) = Missing
% of Beneficiaries Using Hospice	BENES_HOSPC_PCT		(*) = Suppressed where count of users < 11 (.) = Missing
Hospice Covered Stays Per 1,000 Beneficiaries	HOSPC_CVRD_STAYS_PER_1000_BENES	Hospice covered stays per 1,000 Medicare	(*) = Suppressed where count of users < 11 (.) = Missing
		Hospice covered days per 1,000 Medicare	(*) = Suppressed where count of users < 11
Hospice Covered Days Per 1,000 Beneficiaries	HOSPC_CVRD_DAYS_PER_1000_BENES	Evaluation and Management (E&M) actual	(.) = Missing (*) = Suppressed where count of users < 11
E&M Actual Costs	EM_MDCR_PYMT_AMT	Medicare payment Evaluation and Management (E&M) actual	(.) = Missing
E&M Actual Costs as % of Total Actual Costs	EM_MDCR_PYMT_PCT	Medicare payment as a percent of total actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
E&M Per Capita Actual Costs	EM_MDCR_PYMT_PC	Evaluation and Management (E&M) actual	(*) = Suppressed where count of users < 11 (.) = Missing
		Evaluation and Management (E&M) actual	(*) = Suppressed where count of users < 11
E&M Per User Actual Costs	EM_MDCR_PYMT_PER_USER	per user Medicare payment Evaluation and Management (E&M)	(.) = Missing (*) = Suppressed where count of users < 11
E&M Standardized Costs	EM_MDCR_STDZD_PYMT_AMT	Medicare payment, adjusted for geographic differences in payment rates	(.) = Missing
		Evaluation and Management (E&M) Medicare payment as a percentage of total	(*) = Suppressed where count of users < 11
E&M Standardized Costs as % of Total Standardized Costs	EM_MDCR_STDZD_PYMT_PCT		(.) = Missing
Early standardized costs of 70 of 10 of standardized costs	EM_MSGR_STSES_TTMT_TCT	Evaluation and Management (E&M) per	(*) = Suppressed where count of users < 11
E&M Per Capita Standardized Costs	EM_MDCR_STDZD_PYMT_PC	geographic differences in payment rates	(.) = Missing
		Evaluation and Management (E&M) per user Medicare payment, adjusted for geographic	(*) = Suppressed where count of users < 11 (.) = Missing
E&M Per User Standardized Costs	EM_MDCR_STDZD_PYMT_PER_USER	differences in payment rates Number of beneficiaries using Evaluation and	
# E&M Users	BENES_EM_CNT	Management (E&M) services	(.) = Missing (*) = Suppressed where count of users < 11
% of Beneficiaries Using E&M	BENES_EM_PCT	Management (E&M) services	(.) = Missing
E&M Events Per 1,000 Beneficiaries	EM_EVNTS_PER_1000_BENES	per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
Procedures Actual Costs	PRCDRS_MDCR_PYMT_AMT	Procedures actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Procedures Actual Costs as % of Total Actual Costs	PRCDRS_MDCR_PYMT_PCT		(*) = Suppressed where count of users < 11 (.) = Missing
Procedures Per Capita Actual Costs	PRCDRS_MDCR_PYMT_PC		(*) = Suppressed where count of users < 11 (.) = Missing
Procedures Per User Actual Costs	PRCDRS_MDCR_PYMT_PER_USER		(*) = Suppressed where count of users < 11 (.) = Missing
- roccoured FCF Oder Pictual Codts	THESIS MISCH CHIVIT FER USER	Procedures Medicare payment, adjusted for	(*) = Suppressed where count of users < 11
Procedures Standardized Costs	PRCDRS_MDCR_STDZD_PYMT_AMT	geographic differences in payment rates	(.) = Missing
		Procedures Medicare payment as a percentage of total Medicare payment,	(*) = Suppressed where count of users < 11
Procedures Standardized Costs as % of Total Standardized Costs	PRCDRS_MDCR_STDZD_PYMT_PCT	adjusted for geographic differences in payment rates	(.) = Missing
		Procedures per capita Medicare payment,	(*) = Suppressed where count of users < 11
Procedures Per Capita Standardized Costs	PRCDRS_MDCR_STDZD_PYMT_PC	payment rates Procedures per user Medicare payment,	(.) = Missing
Describer - Des Harrison de effect (Contro	DDCDDC AADCD CTDTC SWAT SEE UTT	adjusted for geographic differences in	(*) = Suppressed where count of users < 11 (.) = Missing
Procedures Per User Standardized Costs	PRCDRS_MDCR_STDZD_PYMT_PER_USER		(*) = Suppressed where count of users < 11
# Procedure Users	BENES_PRCDRS_CNT		(.) = Missing (*) = Suppressed where count of users < 11
% of Beneficiaries Using Procedures	BENES_PRCDRS_PCT	services	(.) = Missing (*) = Suppressed where count of users < 11
Procedure Events Per 1,000 Beneficiaries	PRCDR_EVNTS_PER_1000_BENES	Beneficiaries	(.) = Missing (*) = Suppressed where count of users < 11
Tests Actual Costs	TESTS_MDCR_PYMT_AMT	l'ests actual Medicare payment	(.) = Missing (*) = Suppressed where count of users < 11
Tests Actual Costs as % of Total Actual Costs	TESTS_MDCR_PYMT_PCT	of total actual Medicare payment	(.) = Missing
Tests Per Capita Actual Costs	TESTS_MDCR_PYMT_PC	Tests actual per capita Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing

Term Name	Variable Name	Definition	Footnotes
		Tests actual per user Medicare payment	(*) = Suppressed where count of users < 11
Tests Per User Actual Costs	TESTS_MDCR_PYMT_PER_USER	Tests Medicare payment, adjusted for	(.) = Missing (*) = Suppressed where count of users < 11
Tests Standardized Costs	TESTS_MDCR_STDZD_PYMT_AMT	geographic differences in payment rates Tests Medicare payment as a percentage of	(.) = Missing
Tests Standardized Costs as % of Total Standardized Costs	TESTS MDCR STDZD PYMT PCT	total Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
Tests standardized costs as A. St. Potar Standardized costs	TESTS MIDER STOES THIN TO		(*) = Suppressed where count of users < 11
Tests Per Capita Standardized Costs	TESTS_MDCR_STDZD_PYMT_PC	for geographic differences in payment rates	(.) = Missing
		Tests per user Medicare payment, adjusted	(*) = Suppressed where count of users < 11
Tests Per User Standardized Costs	TESTS_MDCR_STDZD_PYMT_PER_USER	for geographic differences in payment rates	(.) = Missing (*) = Suppressed where count of users < 11
# Test Users	BENES_TESTS_CNT	Number of beneficiaries using Test services	(.) = Missing
% of Beneficiaries Using Tests	BENES_TEST_PCT	Percent of beneficiaries using Test services	(*) = Suppressed where count of users < 11 (.) = Missing
Test Events Per 1,000 Beneficiaries	TEST_EVNTS_PER_1000_BENES	Test events per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
Imaging Actual Costs	IMGNG_MDCR_PYMT_AMT	Imaging actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
		Imaging actual Medicare payment as a	(*) = Suppressed where count of users < 11
Imaging Actual Costs as % of Total Actual Costs	IMGNG_MDCR_PYMT_PCT	percent of total actual Medicare payment	(.) = Missing (*) = Suppressed where count of users < 11
Imaging Per Capita Actual Costs	IMGNG_MDCR_PYMT_PC	Imaging actual per capita Medicare payment	(.) = Missing (*) = Suppressed where count of users < 11
Imaging Per User Actual Costs	IMGNG_MDCR_PYMT_PER_USER	Imaging actual per user Medicare payment Imaging Medicare payment, adjusted for	(.) = Missing (*) = Suppressed where count of users < 11
Imaging Standardized Costs	IMGNG_MDCR_STDZD_PYMT_AMT	geographic differences in payment rates	(.) = Missing
		Imaging Medicare payment as a percentage of total Medicare payment, adjusted for	(*) = Suppressed where count of users < 11
Imaging Standardized Costs as % of Total Standardized Costs	IMGNG_MDCR_STDZD_PYMT_PCT	geographic differences in payment rates	(.) = Missing
		Imaging per capita Medicare payment,	(*) = Suppressed where count of users < 11
Imaging Per Capita Standardized Costs	IMGNG_MDCR_STDZD_PYMT_PC	adjusted for geographic differences in payment rates	(.) = Missing
		Imaging per user Medicare payment, adjusted for geographic differences in	(*) = Suppressed where count of users < 11
Imaging Per User Standardized Costs	IMGNG_MDCR_STDZD_PYMT_PER_USER	payment rates Number of beneficiaries using Imaging	(.) = Missing (*) = Suppressed where count of users < 11
# Imaging Users	BENES_IMGNG_CNT	services	(.) = Missing
% of Beneficiaries Using Imaging	BENES_IMGNG_PCT	Percent of beneficiaries using Imaging services	(*) = Suppressed where count of users < 11 (.) = Missing
Imaging Events Per 1,000 Beneficiaries	IMGNG_EVNTS_PER_1000_BENES	Imaging events per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
DME Actual Costs	DME_MDCR_PYMT_AMT	Durable Medical Equipment (DME) actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Sint Action Costs	SWEETING CO. THE SWEET	Durable Medical Equipment (DME) actual	(*) = Suppressed where count of users < 11
DME Actual Costs as % of Total Actual Costs	DME_MDCR_PYMT_PCT	Medicare payment as a percent of total actual Medicare payment	(.) = Missing
DME Per Capita Actual Costs	DME_MDCR_PYMT_PC	Durable Medical Equipment (DME) actual per capita Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
DME Per User Actual Costs	DME_MDCR_PYMT_PER_USER	Durable Medical Equipment (DME) actual per user Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
		Durable Medical Equipment (DME) Medicare	(*) = Suppressed where count of users < 11
DME Standardized Costs	DME_MDCR_STDZD_PYMT_AMT	payment, adjusted for geographic differences in payment rates	(.) = Missing
		Durable Medical Equipment (DME) Medicare payment as a percentage of total Medicare	(*) = Suppressed where count of users < 11
DME Standardized Costs as % of Total Standardized Costs	DME_MDCR_STDZD_PYMT_PCT	payment, adjusted for geographic differences in payment rates	(.) = Missing
		Durable Medical Equipment (DME) per	(*) = Suppressed where count of users < 11
DME Per Capita Standardized Costs	DME_MDCR_STDZD_PYMT_PC	capita Medicare payment, adjusted for geographic differences in payment rates	(.) = Missing
		Durable Medical Equipment (DME) per user Medicare payment, adjusted for geographic	(*) = Suppressed where count of users < 11
DME Per User Standardized Costs	DME_MDCR_STDZD_PYMT_PER_USER	differences in payment rates Number of beneficiaries using Durable	(.) = Missing (*) = Suppressed where count of users < 11
# DME Users	BENES_DME_CNT	Medical Equipment (DME) services Percent of beneficiaries using Durable	(.) = Missing (*) = Suppressed where count of users < 11
% of Beneficiaries Using DME	BENES_DME_PCT	Medical Equipment (DME) services	(.) = Missing
DME Events Per 1,000 Beneficiaries	DME_EVNTS_PER_1000_BENES	Durable Medical Equipment (DME) events per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11 (.) = Missing
Outpatient Dialysis Facility Actual Costs	OP_DLYS_MDCR_PYMT_AMT	Outpatient Dialysis Facility actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
		Outpatient Dialysis Facility actual Medicare payment as a percent of total actual	(*) = Suppressed where count of users < 11
Outpatient Dialysis Facility Actual Costs as % of Total Actual Costs	OP_DLYS_MDCR_PYMT_PCT	Medicare payment	(.) = Missing
Outpatient Dialysis Facility Per Capita Actual Costs	OP_DLYS_MDCR_PYMT_PC	Outpatient Dialysis Facility actual per capita Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Outpatient Dialysis Facility Per User Actual Costs	OP_DLYS_MDCR_PYMT_PER_USER	Outpatient Dialysis Facility actual per user Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
,		Outpatient Dialysis Facility Medicare payment, adjusted for geographic	(*) = Suppressed where count of users < 11
Outpatient Dialysis Facility Standardized Costs	OP_DLYS_MDCR_STDZD_PYMT_AMT	differences in payment rates	(.) = Missing
		Outpatient Dialysis Facility Medicare payment as a percentage of total Medicare	(*) = Suppressed where count of users < 11
Outpatient Dialysis Facility Standardized Costs as % of Total Standardized Costs	OP_DLYS_MDCR_STDZD_PYMT_PCT	payment, adjusted for geographic differences in payment rates	(.) = Missing
		Outpatient Dialysis Facility per capita Medicare payment, adjusted for geographic	(*) = Suppressed where count of users < 11
Outpatient Dialysis Facility Per Capita Standardized Costs	OP_DLYS_MDCR_STDZD_PYMT_PC	differences in payment rates	(.) = Missing
		Outpatient Dialysis Facility per user Medicare payment, adjusted for geographic	(*) = Suppressed where count of users < 11 (.) = Missing
Outpatient Dialysis Facility Per User Standardized Costs	OP_DLYS_MDCR_STDZD_PYMT_PER_USER	differences in payment rates Number of beneficiaries using Outpatient	(*) = Suppressed where count of users < 11
# Outpatient Dialysis Facility Users	BENES_OP_DLYS_CNT	Dialysis Facility services	(.) = Missing

Term Name	Variable Name	Definition	Footnotes
% of Beneficiaries Using Outpatient Dialysis Facility	BENES_OP_DLYS_PCT	Percent of beneficiaries using Outpatient Dialysis Facility services	(*) = Suppressed where count of users < 11 (.) = Missing
Outpatient Dialysis Facility Events Per 1,000 Beneficiaries	OP_DLYS_EVNTS_PER_1000_BENES	Outpatient Dialysis Facility events per 1,000 Medicare Beneficiaries	(*) = Suppressed where count of users < 11
Outpatient Dialysis Facility Events Fer 1,000 Beneficiaries	OF_DEI3_EVN13_FER_1000_BERES	Federally Qualified Health Center (FQHC) /	(.) = Missing (*) = Suppressed where count of users < 11
FQHC/RHC Actual Costs	FQHC_RHC_MDCR_PYMT_AMT	Rural Health Center (RHC) actual Medicare payment	(.) = Missing
		Federally Qualified Health Center (FQHC) / Rural Health Center (RHC) actual Medicare	(*) = Suppressed where count of users < 11
FQHC/RHC Actual Costs as % of Total Actual Costs	FQHC_RHC_MDCR_PYMT_PCT	payment as a percent of total actual Medicare payment	(.) = Missing
		Federally Qualified Health Center (FQHC) / Rural Health Center (RHC) actual per capita	(*) = Suppressed where count of users < 11
FQHC/RHC Per Capita Actual Costs	FQHC_RHC_MDCR_PYMT_PC	Medicare payment Federally Qualified Health Center (FQHC) /	(.) = Missing
COUC/DUC Des Uses Actual Contr	FOLIC DUC MDCD DVMT DED LICED	Rural Health Center (RHC) actual per user	(*) = Suppressed where count of users < 11 (.) = Missing
FQHC/RHC Per User Actual Costs	FQHC_RHC_MDCR_PYMT_PER_USER	Medicare payment Federally Qualified Health Center (FQHC) /	
		Rural Health Center (RHC) Medicare payment, adjusted for geographic	(*) = Suppressed where count of users < 11 (.) = Missing
FQHC/RHC Standardized Costs	FQHC_RHC_MDCR_STDZD_PYMT_AMT	differences in payment rates Federally Qualified Health Center (FQHC) /	
		Rural Health Center (RHC) Medicare payment as a percentage of total Medicare	(*) = Suppressed where count of users < 11
FQHC/RHC Standardized Costs as % of Total Standardized Costs	FQHC_RHC_MDCR_STDZD_PYMT_PCT	payment, adjusted for geographic differences in payment rates	(.) = Missing
FUNCTION Standardized Costs as % or Total Standardized Costs	FQHC_RHC_MIDCR_STDZD_PYMT_PCT	Federally Qualified Health Center (FQHC) /	
		Rural Health Center (RHC) per capita Medicare payment, adjusted for geographic	(*) = Suppressed where count of users < 11 (.) = Missing
FQHC/RHC Per Capita Standardized Costs	FQHC_RHC_MDCR_STDZD_PYMT_PC	differences in payment rates Federally Qualified Health Center (FQHC) /	
		Rural Health Center (RHC) per user Medicare payment, adjusted for geographic	(*) = Suppressed where count of users < 11 (.) = Missing
FQHC/RHC Per User Standardized Costs	FQHC_RHC_MDCR_STDZD_PYMT_PU	differences in payment rates	(,,
# FOUR PUR Have	DENES FOUS DUS SUF	Number of beneficiaries using Federally Qualified Health Center (FQHC) / Rural	(*) = Suppressed where count of users < 11 (.) = Missing
# FQHC/RHC Users	BENES_FQHC_RHC_CNT	Health Center (RHC) services Percent of beneficiaries using Federally	(*) = Suppressed where count of users < 11
% of Beneficiaries Using FQHC/RHC	BENES_FQHC_RHC_PCT	Qualified Health Center (FQHC) / Rural Health Center (RHC) services	(.) = Missing
		Federally Qualified Health Center (FQHC) / Rural Health Center (RHC) events per 1,000	(*) = Suppressed where count of users < 11
FQHC/RHC Visits Per 1,000 Beneficiaries	FQHC_RHC_VISITS_PER_1000_BENES	Medicare Beneficiaries	(.) = Missing (*) = Suppressed where count of users < 11
Ambulance Actual Costs	AMBLNC_MDCR_PYMT_AMT	Ambulance actual Medicare payment Ambulance actual Medicare payment as a	(.) = Missing (*) = Suppressed where count of users < 11
Ambulance Actual Costs as % of Total Actual Costs	AMBLNC_MDCR_PYMT_PCT	percent of total actual Medicare payment	(.) = Missing
Ambulance Per Capita Actual Costs	AMBLNC_MDCR_PYMT_PC	Ambulance actual per capita Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Ambulance Per User Actual Costs	AMBLNC_MDCR_PYMT_PER_USER	Ambulance actual per user Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Ambulance Standardized Costs	AMBLNC_MDCR_STDZD_PYMT_AMT	Ambulance Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
		Ambulance Medicare payment as a percentage of total Medicare payment,	(*) = Suppressed where count of users < 11
Ambulance Standardized Costs as % of Total Standardized Costs	AMBLNC MDCR STDZD PYMT PCT	adjusted for geographic differences in payment rates	(.) = Missing
Announce Standardized Costs as 76 of Total Standardized Costs	AWBENC_WBCK_STD2D_FTWTT_FCT	Ambulance per capita Medicare payment,	(*) = Suppressed where count of users < 11
Ambulance Per Capita Standardized Costs	AMBLNC_MDCR_STDZD_PYMT_PC	adjusted for geographic differences in payment rates	(.) = Missing
		Ambulance per user Medicare payment, adjusted for geographic differences in	(*) = Suppressed where count of users < 11 (.) = Missing
Ambulance Per User Standardized Costs	AMBLNC_MDCR_STDZD_PYMT_PER_USER	payment rates Number of beneficiaries using Ambulance	(*) = Suppressed where count of users < 11
# Ambulance Users	BENES_AMBLNC_CNT	services Percent of beneficiaries using Ambulance	(.) = Missing (*) = Suppressed where count of users < 11
% of Beneficiaries Using Ambulance	BENES_AMBLNC_PCT	services	(.) = Missing (*) = Suppressed where count of users < 11
Ambulance Events Per 1,000 Beneficiaries		Ambulance Events Per 1,000 Beneficiaries	
i	AMBLNC_EVNTS_PER_1000_BENES		(.) = Missing
Part B Drugs Actual Costs	AMBLNC_EVNTS_PER_1000_BENES PTB_DRUGS_MDCR_PYMT_AMT	Part B Drug actual Medicare payment	(.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing
Part B Drugs Actual Costs Part B Drugs Actual Costs as % of Total Actual Costs		Part B Drug actual Medicare payment Part B Drug actual Medicare payments as a percent of total actual Medicare payments	(*) = Suppressed where count of users < 11
Part B Drugs Actual Costs as % of Total Actual Costs	PTB_DRUGS_MDCR_PYMT_AMT PTB_DRUGS_MDCR_PYMT_PCT	Part B Drug actual Medicare payments as a percent of total actual Medicare payments Part B Drug actual per capita Medicare	(*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11
Part B Drugs Actual Costs as % of Total Actual Costs Part B Drugs Per Capita Actual Costs	PTB_DRUGS_MDCR_PYMT_AMT PTB_DRUGS_MDCR_PYMT_PCT PTB_DRUGS_MDCR_PYMT_PC	Part B Drug actual Medicare payments as a percent of total actual Medicare payments Part B Drug actual per capita Medicare payments Part B Drug actual per user Medicare	(*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11
Part B Drugs Actual Costs as % of Total Actual Costs	PTB_DRUGS_MDCR_PYMT_AMT PTB_DRUGS_MDCR_PYMT_PCT	Part B Drug actual Medicare payments as a percent of total actual Medicare payments Part B Drug actual per capita Medicare payments	(*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing
Part B Drugs Actual Costs as % of Total Actual Costs Part B Drugs Per Capita Actual Costs	PTB_DRUGS_MDCR_PYMT_AMT PTB_DRUGS_MDCR_PYMT_PCT PTB_DRUGS_MDCR_PYMT_PC	Part B Drug actual Medicare payments as a percent of total actual Medicare payments Part B Drug actual per capita Medicare payments Part B Drug actual per user Medicare payments Part B Drug Medicare payments, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing
Part B Drugs Actual Costs as % of Total Actual Costs Part B Drugs Per Capita Actual Costs Part B Drugs Per User Actual Costs	PTB_DRUGS_MDCR_PYMT_AMT PTB_DRUGS_MDCR_PYMT_PCT PTB_DRUGS_MDCR_PYMT_PC PTB_DRUGS_MDCR_PYMT_PU	Part B Drug actual Medicare payments as a percent of total actual Medicare payments Part B Drug actual per capita Medicare payments Part B Drug actual per user Medicare payments Part B Drug Medicare payments, adjusted for	(*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11
Part B Drugs Actual Costs as % of Total Actual Costs Part B Drugs Per Capita Actual Costs Part B Drugs Per User Actual Costs Part B Drugs Standardized Costs	PTB_DRUGS_MDCR_PYMT_AMT PTB_DRUGS_MDCR_PYMT_PCT PTB_DRUGS_MDCR_PYMT_PC PTB_DRUGS_MDCR_PYMT_PU PTB_DRUGS_MDCR_STDZD_PYMT_AMT	Part B Drug actual Medicare payments as a percent of total actual Medicare payments Part B Drug actual per capita Medicare payments Part B Drug actual per user Medicare payments Part B Drug Medicare payments, adjusted for geographic differences in payment rates Part B Drug Medicare payments as a percentage of total Medicare payment, adjusted for geographic differences in	(*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing
Part B Drugs Actual Costs as % of Total Actual Costs Part B Drugs Per Capita Actual Costs Part B Drugs Per User Actual Costs	PTB_DRUGS_MDCR_PYMT_AMT PTB_DRUGS_MDCR_PYMT_PCT PTB_DRUGS_MDCR_PYMT_PC PTB_DRUGS_MDCR_PYMT_PU	Part B Drug actual Medicare payments as a percent of total actual Medicare payments Part B Drug actual per capita Medicare payments Part B Drug actual per user Medicare payments Part B Drug Medicare payments, adjusted for geographic differences in payment rates Part B Drug Medicare payments as a percentage of total Medicare payment, adjusted for geographic differences in payment rates Part B Drug per capita Medicare payments,	(*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing
Part B Drugs Actual Costs as % of Total Actual Costs Part B Drugs Per Capita Actual Costs Part B Drugs Per User Actual Costs Part B Drugs Standardized Costs	PTB_DRUGS_MDCR_PYMT_AMT PTB_DRUGS_MDCR_PYMT_PCT PTB_DRUGS_MDCR_PYMT_PC PTB_DRUGS_MDCR_PYMT_PU PTB_DRUGS_MDCR_STDZD_PYMT_AMT	Part B Drug actual Medicare payments as a percent of total actual Medicare payments Part B Drug actual per capita Medicare payments Part B Drug actual per user Medicare payments Part B Drug Medicare payments, adjusted for geographic differences in payment rates Part B Drug Medicare payments as a percentage of total Medicare payment, adjusted for geographic differences in payment rates Part B Drug per capita Medicare payments, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing
Part B Drugs Actual Costs as % of Total Actual Costs Part B Drugs Per Capita Actual Costs Part B Drugs Per User Actual Costs Part B Drugs Standardized Costs Part B Drugs Standardized Costs s % of Total Standardized Costs	PTB_DRUGS_MDCR_PYMT_AMT PTB_DRUGS_MDCR_PYMT_PCT PTB_DRUGS_MDCR_PYMT_PC PTB_DRUGS_MDCR_STDZD_PYMT_AMT PTB_DRUGS_MDCR_STDZD_PYMT_PCT	Part B Drug actual Medicare payments as a percent of total actual Medicare payments Part B Drug actual per capita Medicare payments Part B Drug actual per user Medicare payments Part B Drug Medicare payments, adjusted for geographic differences in payment rates Part B Drug Medicare payments as a percentage of total Medicare payment, adjusted for geographic differences in payment rates Part B Drug per capita Medicare payments, adjusted for geographic differences in payment rates Part B Drug per capita Medicare payments, adjusted for geographic differences in payment rates Part B Drug per user Medicare payments, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing
Part B Drugs Actual Costs as % of Total Actual Costs Part B Drugs Per Capita Actual Costs Part B Drugs Per User Actual Costs Part B Drugs Standardized Costs Part B Drugs Standardized Costs as % of Total Standardized Costs Part B Drugs Per Capita Standardized Costs	PTB_DRUGS_MDCR_PYMT_AMT PTB_DRUGS_MDCR_PYMT_PCT PTB_DRUGS_MDCR_PYMT_PC PTB_DRUGS_MDCR_STDZD_PYMT_AMT PTB_DRUGS_MDCR_STDZD_PYMT_PCT PTB_DRUGS_MDCR_STDZD_PYMT_PCT	Part B Drug actual Medicare payments as a percent of total actual Medicare payments Part B Drug actual per capita Medicare payments Part B Drug actual per user Medicare payments Part B Drug Medicare payments, adjusted for geographic differences in payment rates Part B Drug Medicare payments as a percentage of total Medicare payment, adjusted for geographic differences in payment rates Part B Drug per capita Medicare payments, adjusted for geographic differences in payment rates Part B Drug per capita Medicare payments, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing
Part B Drugs Per Capita Actual Costs Part B Drugs Per Capita Actual Costs Part B Drugs Per User Actual Costs Part B Drugs Standardized Costs Part B Drugs Standardized Costs Part B Drugs Standardized Costs as % of Total Standardized Costs Part B Drugs Per Capita Standardized Costs Part B Drugs Per Capita Standardized Costs	PTB_DRUGS_MDCR_PYMT_AMT PTB_DRUGS_MDCR_PYMT_PC PTB_DRUGS_MDCR_PYMT_PC PTB_DRUGS_MDCR_PYMT_PU PTB_DRUGS_MDCR_STDZD_PYMT_AMT PTB_DRUGS_MDCR_STDZD_PYMT_PCT PTB_DRUGS_MDCR_STDZD_PYMT_PC PTB_DRUGS_MDCR_STDZD_PYMT_PC	Part B Drug actual Medicare payments as a percent of total actual Medicare payments Part B Drug actual per capita Medicare payments Part B Drug actual per user Medicare payments Part B Drug Medicare payments, adjusted for geographic differences in payment rates Part B Drug Medicare payments as a percentage of total Medicare payment, adjusted for geographic differences in payment rates Part B Drug per capita Medicare payments, adjusted for geographic differences in payment rates Part B Drug per capita Medicare payments, adjusted for geographic differences in payment rates Part B Drug per user Medicare payments, adjusted for geographic differences in payment rates Part B Drug per user Medicare payments, adjusted for geographic differences in payment rates Number of beneficiaries using Part B Drug	(*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing (*) = Suppressed where count of users < 11 (.) = Missing

Term Name	Variable Name	Definition	Footnotes
Other Services Actual Costs	PTB_OTHR_SRVCS_MDCR_PYMT_AMT	Other Services actual Medicare payment	(*) = Suppressed where count of users < 11 (.) = Missing
Other Services Standardized Costs	PTB_OTHR_SRVCS_MDCR_STDZD_PYMT	Other Services Medicare payment, adjusted for geographic differences in payment rates	(*) = Suppressed where count of users < 11 (.) = Missing
		Total Population Based Payment Reduction	(*) = Suppressed where count of users < 11
Total Population Based Payment Reduction Costs	TOT_PBPMT_RDCTN_AMT	payment Total Population Based Payment Reduction	(.) = Missing (*) = Suppressed where count of users < 11
Total Population Based Payment Reduction Per Capita Costs	TOT_PBPMT_RDCTN_PCC	Per Capita payment	(.) = Missing
PQI03 Diabetes LT Complication Admission Rate (age < 65)	PQI03 DBTS AGE LT 65	Prevention Quality Indicator (PQI) 3: Hospital admissions for Diabetes Long-Term complications for Medicare beneficiaries ages less than 65 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQIOS DIADETES ET COMPILCATION AUMISSION RATE (age < 65)	PQIOS_DBIS_AGE_LI_65	Prevention Quality Indicator (PQI) 3: Hospital	
PQI03 Diabetes LT Complication Admission Rate (age 65-74)	PQI03_DBTS_AGE_65_74	admissions for Diabetes Long-Term complications for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
2000 Disketes I Templication Admirsion Date (ass 37.1)	DOUGN DOTTE ACE OF TE	Prevention Quality Indicator (PQI) 3: Hospital admissions for Diabetes Long-Term complications for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI03 Diabetes LT Complication Admission Rate (age 75+)	PQI03_DBTS_AGE_GE_75	Prevention Quality Indicator (PQI) 5: Hospital	
PQI05 COPD or Asthma in Older Adults Admission Rate (age 40-64)	PQI05_COPD_ASTHMA_AGE_40_64	admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma for Medicare beneficiaries ages 40 - 64 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI05 COPD or Asthma in Older Adults Admission Rate (age 65-74)	PQI05_COPD_ASTHMA_AGE_65_74	Prevention Quality Indicator (PQI) 5: Hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI05 COPD or Asthma in Older Adults Admission Rate (age 75+)	PQI05 COPD ASTHMA AGE GE 75	Prevention Quality Indicator (PQI) 5: Hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI07 Hypertension Admission Rate (age < 65)	PQI07_HYPRTNSN_AGE_LT_65	Prevention Quality Indicator (PQI) 7: Hospital admissions for Hypertension for Medicare beneficiaries ages less than 65 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
		Prevention Quality Indicator (PQI) 7: Hospital admissions for Hypertension for Medicare beneficiaries ages 65-74 per 100,000	(*) = Suppressed where count < 11 (.) = Missing
PQI07 Hypertension Admission Rate (age 65-74)	PQI07_HYPRTNSN_AGE_65_74	beneficiaries Prevention Quality Indicator (PQI) 7: Hospital	
PQI07 Hypertension Admission Rate (age 75+)	PQI07_HYPRTNSN_AGE_GE_75	admissions for Hypertension for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI08 CHF Admission Rate (age < 65)	PQI08_CHF_AGE_LT_65	Prevention Quality Indicator (PQI) 8: Hospital admissions for Congestive Heart Failure (CHF) in Medicare beneficiaries ages less than 65 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI08 CHF Admission Rate (age 65-74)	PQI08 CHF AGE 65_74	Prevention Quality Indicator (PQI) 8: Hospital admissions for Congestive Heart Failure (CHF) in Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI08 CHF Admission Rate (age 75+)	PQI08 CHF AGE GE 75	Prevention Quality Indicator (PQI) 8: Congestive Heart Failure (CHF) for beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI10 Dehydration Admission Rate (age < 65)	PQI10_DHYDRTN_AGE_LT_65	Prevention Quality Indicator (PQI) 10: Hospital admissions for Dehydration for	(*) = Suppressed where count < 11 (.) = Missing
PQI10 Dehydration Admission Rate (age 65-74)	PQI10_DHYDRTN_AGE_65_74	Prevention Quality Indicator (PQI) 10: Hospital admissions for Dehydration for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI10 Dehydration Admission Rate (age 75+)	PQI10_DHYDRTN_AGE_GE_75	Prevention Quality Indicator (PQI) 10: Hospital admissions for Dehydration for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI11 Bacterial Pneumonia Admission Rate (age < 65)	PQI11 BCTRL PNA AGE LT 65	Prevention Quality Indicator (PQI) 11: Hospital admissions for Bacterial Pneumonia for Medicare beneficiaries ages less than 65 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI11 Bacterial Pneumonia Admission Rate (age < 65) PQI11 Bacterial Pneumonia Admission Rate (age 65-74)	PQII1_BCTRL_PNA_AGE_LI_65 PQII1_BCTRL_PNA_AGE_65_74	Prevention Quality Indicator (PQI) 11: Hospital admissions for Bacterial Pneumonia for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
		Prevention Quality Indicator (PQI) 11: Hospital admissions for Bacterial Pneumonia	(*) = Suppressed where count < 11 (.) = Missing
PQI11 Bacterial Pneumonia Admission Rate (age 75+)	PQI11_BCTRL_PNA_AGE_GE_75	Prevention Quality Indicator (PQI) 12:	
PQI12 UTI Admission Rate (age < 65)	PQI12_UTI_AGE_LT_65	Hospital admissions for Urinary Tract Infections (UTI) for Medicare beneficiaries ages less than 65 per 100,000 beneficiaries Prevention Quality Indicator (PQI) 12:	(*) = Suppressed where count < 11 (.) = Missing
PQI12 UTI Admission Rate (age 65-74)	PQI12_UTI_AGE_65_74	Hospital admissions for Urinary Tract Infections (UTI) for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing

Term Name	Variable Name	Definition	Footnotes
PQI12 UTI Admission Rate (age 75+)	PQI12_UTI_AGE_GE_75		(*) = Suppressed where count < 11 (.) = Missing
PQI15 Asthma in Younger Adults Admission Rate (age < 40)	PQI15_ASTHMA_AGE_LT_40	, ,	(*) = Suppressed where count < 11 (.) = Missing
PQI16 Lower Extremity Amputation Admission Rate (age < 65)	PQI16 LWRXTRMTY AMPUTN AGE LT 65	Prevention Quality Indicator (PQI) 16: Lower Extremity Amputation of Medicare beneficiaries ages less than 65 per 100,000 beneficiaries	(*) = Suppressed where count < 11 (.) = Missing
PQI16 Lower Extremity Amputation Admission Rate (age 65-74)	PQI16_LWRXTRMTY_AMPUTN_AGE_65_74		(*) = Suppressed where count < 11 (.) = Missing
PQI16 Lower Extremity Amputation Admission Rate (age 75+)	PQI16_LWRXTRMTY_AMPUTN_AGE_GE_75		(*) = Suppressed where count < 11 (.) = Missing

^{*} The Data Dictionary is the same for the HRR and the State/County files. The differences between the files are based on the aggregation of the data by geography.

List of Acronyms:

ASC - Ambulatory Surgery Center
CHF - Congestive Heart Failure
COPD - Chronic Obstructive Pulmonary Disease
DME - Durable Medical Equipment
E&M - Evaluation and Management
ED - Emergency Department
FFS - Fee-for-Service
FQHC - Federally Qualified Health Center
HCC - Hierarchical Condition Category
HH - Home Health

HRR - Hospital Referral Region
IP - Inpatient
IRF - Inpatient Rehabilitation Facility
LTCH - Long-Term Care Hospital
MA - Medicare Advantage

OP - Outpatient
PAC - Post-Acute Care
PQI - Prevention Quality Indicator
RHC - Rural Health Center
SNF - Skilled Nursing Facility
UTI - Urinary Tract Infection